



Texas Department of Health
Professional Licensing and Certification Division
Code Enforcement Officer Registration Program
1100 West 49th Street
Austin, Texas 78756-3199
Phone: (512) 834-4512 Fax: (512) 834-6676

REPLACEMENT REGISTRATION AFFIDAVIT

PLEASE CHECK ITEM(S) NEEDED: ☐ Wallet Certificate ☐ Wall Certificate
\$20 for each certificate requested

Name as shown on certificate _____

Registration #: CE _____

Social Security # _____

Preferred Mailing Address _____

Reason for replacement registration? _____

All information that I have provided on this form is truthful. I understand that providing false information of any kind may result in the revocation of my registration.

SIGNATURE: _____ DATE: _____

25 TAC§130.4(a)(5) registration certificate and /or identification card replacement fee- \$20.00. This fee must be submitted in order for the program to print the replacement card. Forms received without the \$20.00 fee will not be processed.